

### Commonwealth of Virginia DEPARTMENT OF AVIATION

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DEPARTMENT O	
VA Registration # Expiration Date Check Number Fee Amount Data Entry Date	

## Aircraft Registration Application Commercial Fleet/Noncommercial Dealer Fleet Part 1 – Owner Information

	pe or print providing comp				
Check One: (Fee \$75.00)	Commercial Fleet Registr (please provide) Fleet Numb  Commercial Fleet Registr	er	_ L		
Check One: (Fee \$50.00)	Noncommercial Dealer Fl (please provide) Dealer Nur Noncommercial Dealer Fl	nber	_	L	
Section 1 – Primary Owner Information  Name of Primary Owner					
Address			Home Ph	one (Area c	ode & number)
City, State, ZIP Code			Business	Phone (Are	ea code & number)
E-Mail Address			Cell Phor	ne (Area cod	le & number)
Ownership Type	☐ Individual Ownership	Joint Ownersh	ip 🗌 Fract	tional Own	ership
☐ Check if more than on	e owner. (List names of own	ers of page 3.)			
	Section 2 – Additional	I Information	for Busin	esses	
Incorporation Date	State of Incorporation				
Contact Person and Title		1			,
Contact's Phone		Contact's Emai	I		

# Section 3 – Aircraft Registration Information Virginia Contract Carrier Permit Number A contract carrier permit must be obtained if you give or provide flight instruction for compensation, or transport passengers or cargo in Virginia. If your aircraft is being leased and used for flight instruction the lessee is required to obtain a permit.

Section 4 – Insurance Information				
Insurance Policy Number				
Insurance Company				
Issuing Agency				
Insurance Effective Date		Insurance Expiration Date		

Section 5 – Air	craft Information
Number of aircraft to be covered by this fleet registration	

Please list each NEW aircraft on the form titled "Part 2 – Aircraft Information". For previously registered aircraft, provide the "Aircraft Registration Renewal" form included in this package.

#### **Section 6 – Financial Responsibility**

Minimum financial responsibility required for each aircraft by the Code of Virginia, §5.1 - 88.2:

#### **OPTION 1**

Bodily Injury to or Death of One Person in Any One Accident \$50,000

AND Bodily Injury to or Death of Two or More Persons in Any One Accident \$100,000

AND Injury to or Destruction of Property of Others in Any One Accident \$25,000
\$175,000

Or, a Single Limit Policy Covering Bodily Injury and Property Damage \$250,000

#### **OPTION 2**

Execution of a bond by a licensee and by a surety company authorized to transact business in this Commonwealth conditioned for payment in amounts and under the same circumstances as would be required in a policy of bodily injury liability and property damage liability insurance, as required by the provisions set forth above.

#### **OPTION 3**

\$250,000 in cash delivered to the Virginia Department of Aviation or an irrevocable letter of credit in the amount of \$250,000 from a depository institution as defined in §2.2-4701. Such money or securities so delivered to the Virginia Department of Aviation shall be placed by it in the custody of the State Treasurer and shall be subject to execution to satisfy any judgment within the limits on amounts required for personal injury and property damage liability insurance.

#### Section 7 – Certification by Owner

The undersigned certifies that all decals received will be used only on those aircraft owned by the name listed on this application.

The undersigned will submit a Commercial Fleet and Noncommercial Dealer Fleet Quarterly Report listing all aircraft covered under this fleet registration from the preceding 3 months. The undersigned will immediately notify the Virginia Department of Aviation upon the sale of any aircraft covered by this fleet registration.

If the undersigned is a noncommercial dealer, the undersigned certifies that no aircraft covered by this fleet registration will be used for any purpose other than for flight demonstration in anticipation of pending sale, and further certifies that no aircraft covered by this fleet registration will be used for personal use, rental, charter or for any purpose from which revenue is derived.

The undersigned agrees to maintain insurance coverage or other means of financial responsibility at least to the amounts required by the *Code of Virginia*, §5.1 – 88.2.

I declare that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Primary Owner Name (Please Print ) Signature Date

	Multiple Owners
Name	
Address	
City, State ZIP	
Phone Number	
Email Address	
Name	
Address	
City, State ZIP	
Phone Number	
Email Address	
Name	
Address	
City, State ZIP	
Phone Number	
Email Address	